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Lectures.

A LECTURE INTRODUCTORY TO HIS COURSE FOR 1869–70.

By Alfred Stille, M. D.,

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Gentlemen: To prepare successfully for active life, we should have clear ideas of the objects that are set before us, and of the best means of attaining them.

Life is apt to be likened to a journey, and also to a voyage, and its likeness to either is most evident in the adventures, pleasurable or perilous, that may attend it, and in the rest that remains at its termination. But the traveller does not set out upon his journey without a definite plan; he determines before hand what objects he will visit, how much time devote to each one of them, and what place he will ultimately reach. The mariner does not commit his vessel to the water without rudder and compass and chart, for he does not intend to be blown hither and thither by perpetually shifting winds, nor swept from his course by unseen currents; he is resolved what port to reach, and is vigilant to steer in the right direction, as well as to profit by every favoring breeze. On such a just apprehension of the future, on such a preparation for its eventualities, and upon a close adherence to a predetermined plan, will the fortunate issue of life in a great degree depend.

Now, as the ship about to leave port must be in charge of an experienced pilot, or be towed by an appropriate vessel beyond the shoals and rocks, the headlands and breakers which lie between the safe harbor and the open sea, so must you be guided over and past similar dangers by skillful hands before you can enter safely and with hopefulness upon the voyage of life. Afterwards, and still influenced by the training you have received, you must depend upon your own skill and courage to escape safely from the dangers and trials it is impossible for you to avoid.

It is certain that a large proportion of the failures in life are owing to a neglect of the precautions which have been alluded to. Men of excellent natural abilities, and whose education up to the time of their entering upon the study of medicine has been wisely and zealously conducted, are sometimes left to pursue it without a clear conception of its nature and objects, or a just appreciation of the relative importance of its several departments, and especially of their bearing on the successful performance of professional duties.

It may be taken for granted that nine out of ten of those who hear me intend and expect to earn their bread by the treatment of the sick, and that, therefore, their present object is to gain whatever knowledge will direct their natural and acquired skill successfully to that end. Of the comparatively small number who have in view the culture of some one or other purely scientific branch of medicine, or the study of disease as an object of natural history, irrespective of its application to the solace of suffering and the preservation of human life, I have as little to say as to those who cultivate anatomy only for the sake of its usefulness in the arts of painting and sculpture. Medicine is, of all pursuits, the most practical, and ought to be studied with a constant reference to its practical purpose—the cure of disease. If there is any department of medicine which has no reference to this object, it ought at once to be dropped from the plan of study. But I know of none that is useless, of none that is superfluous; while, on the other hand, there are several which not only are useful, but in a well directed system of teaching are necessary, and are so regarded in all the medical schools of the world except—and I am sorry that it is so—the schools of the United States.

Of these neglected branches one is General Pathology; another is Morbid Anatomy; a third is Hygiene; and others might be mentioned, which, like these, are more or less fundamental in reference to the proper appreciation of the more familiar departments, and especially to the recognition of diseases and their intelligent and successful treatment. But if there is one branch of medical study which excels

all others in importance, inasmuch as it is the one to which all others conduct, it is Clinical Medicine. It forms the apex of the pyramid, the crown of the arch, of medical knowledge. It is the goal in regard to which all the other branches are but finger-posts which point to it or roads which lead to it. It is the one subject understanding which you will understand all of medicine that you will require for performing the part of skilful physicians; and not understanding which you can scarcely be said to know anything of medicine. Were you as skilful an anatomist as Meckel, as profound a physiologist as Haller, as acute a pathologist as Morgagni,—were you as familiar with chemistry as Berzelius, or with materia medica as Pereira, and yet lacked this one thing, you would fail in your mission, and be justly rated the inferiors of physicians who, with little learning and less science, had been taught by experience how to treat diseases successfully.

All science and all learning are but means to an end. However much you may know by your own unaided study of science, or may learn of what others teach, unless you can apply that knowledge, it must be as useless to you, as wings would be to fishes, or fins to birds, as a locomotive in the ocean, or a ship on dry land. A physician can no more be made by merely scientific knowledge, than a mechanic by merely possessing the tools of his trade, or a scholar by knowing the letters of the alphabet.

When we speak of MEDICINE, a word is used which involves two distinct ideas, the one scientific, the other practical. Medicine is at once a science and an art, but in the order of nature, the art comes first. The rudest savages, I might almost say the lower animal tribes, possess a medical art. The dog or the cat that eats grass to assist it in disgorging the contents of an overloaded stomach, performs a medical act as perfectly as the learned doctor who relieves his patient of a surfeit by means of an officinal emetic. The medicine-man of the Indians possesses a materia medica as real in its operation upon the sick—if not always as potent or as safe—as the pharmacopœia of the most enlightened nations, and entertains as positive convictions—however erroneous—respecting the nature of diseases. Long, very long, after the first observation of diseases and of the effects of remedies, these facts crystallized into truly scientific systems, or were forced into a more or less logical arrangement to suit the physical or the metaphysical doctrines of the day. Thus the theory, or the science, according as it was fantastical or real, of medicine originated, and thus it is perpetuated; every succeeding generation witnessing a change in its aspects, as various, and often as regular, as the phases of the moon. Meanwhile, the *art* of medicine has been steadily developed from the beginning of time, and, in its essential nature, that is so far as it is an accurate transcript of experiment and observation, has grown, and will continue to grow as long as man is mortal and the records of civilization survive.

There is but one test of the truth of a science, or of the merit of an art, and that is experience. If the principles which claim to be the laws of a science are subject to frequent exceptions, they are not really laws, or are only provisional ones, and are not of absolute authority; and if the precepts of an art, when appropriately applied, do not produce their proper effects, they are doubtful precepts and not obligatory.

It cannot too often be repeated that the aim of medicine is to *distinguish* diseases from one another and to *cure* them. Whatever there is in the several branches embraced in a medical education which does not contribute to these ends, may be science, may be natural history, may be philosophy, but it is not medicine. It may enlarge the mind, may purify the heart, may ennoble the whole character, and is, therefore, to be coveted, and zealously cultivated, if possible; but cultivated for these ends alone, and not for medical purposes, for perfecting the man and not for accomplishing the physician. In studying, therefore, the several sciences embraced in medicine—Anatomy, Physiology, Chemistry, Botany, Hygiene, Materia Medica, and Pathology, we should do so with a constant reference to the object for which we, as physicians, study them at all, the recognition and the cure of diseases.

Reflect, once more, upon what these several sciences teach. What is anatomy, and why has it been cultivated for thousands of years, in animals first and afterwards in man, by the unassisted sight alone and more recently by the microscope which has created, as it were, a new heaven and a new earth within the old anatomical system? To you, as physicians, it is valuable only in so far as it enables you to know what is the situation and the relations of organs, the mechanism of their functions, and their normal structure, so that from the seat of a patient's suffering you may be able to infer which of his organs is diseased and to what extent it is so. Morbid anatomy, or the anatomy of diseased organs, teaches you the physical nature of those alterations of structure which occasion the phenomena of disease. With its application to these ends the interest of anatomy ceases for us as physicians. In like manner physiology, when it has taught us how the natural functions of the body are performed, and thus furnished us with a standard by means of which we can recognize and measure the departures from health which occur in disease,—when, with the help of chemistry, it has exhibited to us all the various conditions which are implied in the idea of normal life, and the mode of their production,—when, to our knowledge of the seats of diseases, it has added an explanation of the steps by which they arise, and of the mechanism of their various symptoms,—it has told us all that, as physi-

cians, we need to learn from it, though far from all that it has to reveal to us if we are also naturalists and philosophers.

Anatomy, then, and chemistry, which, in its relation to the body, is only a minuter sort of anatomy, with physiology, form the essential, fundamental basis of scientific medicine. Without them practical medicine, including surgery, obstetrics and therapeutics would cease to be scientific at all, and would remain what they originally were, an accumulation of the crude results of observation and experience, without any rational classification, precise significance or definite value. The ancients heaped observations upon observations of disease, but being unable to investigate it thoroughly, or interpret its phenomena correctly, they could not classify their facts, and evolve from them general principles and or laws, nor even estimate correctly the nature or the gravity of particular diseases. Unable, for example, to distinguish between the several acute and the several chronic diseases of the lungs and heart, it was necessarily out of their power to assign to each one its proper value, or to determine with any approach to accuracy its appropriate treatment.

The advancement of modern medicine depends essentially upon its possessing means superior to those of the ancients for determining the seat and nature of diseases, or, in one word, on its excellence in diagnosis. As the methods of investigation improved, very many diseases which had before been confounded together, were distinguished from one another, and the natural history of each was carefully recorded. Never before have physicians been so favorably situated as they now are for determining the value of treatment in general, and the influence of particular remedies; for, until very recently, not only were the powers of medicines doubtful, but the conditions of disease requiring them were, if possible, more doubtful still. But at the present ay we are enabled, with a much greater degree of accuracy than ever before, to distinguish diseases, and discern their nature and tendencies, so that one element of the problem is comparatively fixed, while the other, or the operation of remedies, is constantly becoming less obscure.

If my argument has been correctly stated you will have seen that medicine consists of two parts: one, the study of the human body alive and dead, normal and abnormal; the other, the study of the phenomena of diseases and of the effects of remedies upon them. The former must be prosecuted in the dissecting room and in the laboratory, and the other in the hospital. You may, perhaps, feel surprised that occupying this chair I should present to you an anaylsis of medical study in which neither the theory and practice of medicine, surgery, or obstetrics appears to be included. But I have not done so without a purpose. I have the honor to be Professor of clinical medicine as well as of the theory and practice, and it is my desire to assign to each of these divisions of my lectures its appropriate value. In doing so I may not be taxed with any inconsistency if I endeavor to persuade you that clinical medicine is just as truly the *only* medicine now as when it was taught in the porches of the Grecian temples,—that the scientific branches of our course are valuable only in so far as they explain clinical facts; and that the so-called practical branches I have named are, and ought to be expounded, not to supplant or to supersede clinical medicine, but to systematize, to generalize, and to confirm its teachings. Indeed, it may very gravely be doubted whether, in our schemes of education, we do not reverse the natural order of subjects, wrongly endeavoring to impress the student with general ideas before supplying him with particular ones. We discourse to him concerning fevers and inflammations, about abscesses and tumors, about the mechanism of labor and the diseases of parturition, before he has ever seen a patient presenting any one of these conditions, and before his senses or his judgement have been trained to appreciate the simplest phenomena of disease at the bed-side. Is it any wonder that, beginning as we do at the wrong end of his lesson, he should so often misapprehend it and grow weary of conning it; or that when he enters upon practice he should be surprised that, perhaps in the first case he encounters, not a fraction of the symptoms are presented which he expected to see, as he had learned them by heart from his text-books. But if, in the study of medicine he had pursued the method of learning any other natural science or any art, he would have ascended from particulars to generals, and from what he saw at the bed-side under the guidance of accomplished teachers, he would have gradually and correctly built up his own idea of diseases, and so firmly that no subsequent experience would have overturned it.

(To be continued.)

Influence of Forests on Climate.

In a paper lately read before the Geographical Society, is to be found some interesting information on this subject. Trees prevent evaporation of the water, and allow it to collect and remain as a source of permanent springs. When the trees are removed, the water runs off the land more quickly (not being retained and allowed to drop down gradually by the leaves), and is rapidly got rid of by the main streams. It also washes away the soil, and thus tends to exhaust fertility; but the most obvious effects are sudden and destructive floods, and injurious droughts in lands where there have formerly been good and equable supplies.

——THE cholera appears, from the latest accounts which have reached us, to be still prevalent in Persia. At Teheran, where it has been for some time, it is now abating; but other places in different parts of the country, which were free, are now suffering from the disease.

COMMUNICATIONS.

CAUSES AND PREVENTION OF SUDDEN DEATH.

By A. P. MERRILL, M. D.,
Of Louisville, Ky.

The frequency of sudden death invites increased attention to the subject, especially from physicians and life insurers. Men and women in the enjoyment of apparent health, who are pronounced free from disease by medical examiners, and obtain life insurances upon favorable terms, not unfrequently die suddenly, and when no such catastrophe is expected. Nearly always the immediate cause of death is supposed to be congestion, or stasis of blood in some vital organ, arising from some unknown cause. The friends and assurers of the victim are content with the report usually made, by physicians and coroners, without inquiry as to the character of the disease, or the existence of a possible remedy. Apoplexy, sunstroke, congestion, are the terms employed to designate the hopelessness of the case; and, perhaps, to serve as an apology for want of success in the treatment. Should life be destroyed by hemorrhage, or by serious effusions, it affords further reason for placing the sudden demise to the credit of inevitable results. Generally, however, it is quite sufficient to pronounce the word congestion; which both the professional and non-professional know, lies at the foundation of a large portion of human mortality. How important to have a remedy for such morbid condition!

Until recently, blood letting, emesis, baths, and sinapisms, were chiefly relied on for relief; and under skillful management, the treatment has often proved successful. But blood-letting, the most efficient of these remedies, has, of late years, gone out of use. The phases of charlatanry condemning it have proved too strong for the profession. After being approved and successfully used by physicians for many centuries, it is now scarcely mentioned as a remedy, either in our schools, or standard works on the practice of medicine; and the majority of physicians never employ the lancet. The profession yields to popular clamor, science to sciolism, and "expectant medicine" is the result. No school of medicine now ventures to advocate the revival of the ancient practice; and happily, it is now unnecessary, for this, and all the other remedies heretofore used in congestion, have been superseded by chloroform, internally administered.

It is in fever that we meet with the best illustrations of congestion. This, the most ancient, common and destructive disease known, has hitherto been so imperfectly understood, that physicians in every age have published only vague and contradictory hypotheses regarding it. They have not been able to determine whether fever be a disease of the solids, or of the fluids, of the brain, nerves, digestive organs, or the blood and lymph; while, in spite of all researches, the cause of fever still remains undiscovered. The hypotheses published are scarcely less multifarious than the authorship; all giving rise to no useful results in regard to treatment. With the exception of cinchona and its salts, which have become available as anti-periodics, including, also, arsenic, and some others of this class, used as substitutes for cinchona, no remedy for fever has been suggested by standard authors worthy of notice. Were it not that these may be used to prevent a recurrence of the paroxysm, the treatment of fever would not be more successful now than in the time of Hippocrates. Indeed, it may with reason be contended, that the graver forms of yellow and bilious fever are treated, at this day, with less success than a century ago. I can speak with confidence in respect to one-half that period of time.

The phenomena characterizing the advent of fever are chill and reaction. These, with the sweating which sometimes follows, constitute the paroxysm. The object of all treatment in the chill is, to excite reaction, and men have never supposed any other issue practicable. The remedies applied have been those employed for the relief of congestion, the uniform concomitant, and the probable cause of chill. Although congestion in certain organs may exist without chill, when produced by other causes than the cause of fever: chill never exists without congestion, and reaction in all cases is necessary to restoration. In one case, this reaction is morbid, and called febrile; in the other, it is normal and healthful. This is the doctrine and practice of all time.

Sudden and fatal congestion may arise from disorder of the digestive functions, and especially from gastric engorgement and overstimulation, and by other means of nervous prostration, without presenting the distinctive

phenomena of fever. These are cases of congestion without the agency of the febrile cause, and are not likely to become epidemic. But mankind have always suffered more or less from the prevalence of epidemics of a fatal character, changing their form at long intervals of time, in which death is mostly caused by congestion, and recovery attended by febrile reaction. In our own age and generation, yellow fever and cholera are the prominent diseases of this kind, producing great mortality; but not greater, certainly, than was caused by some epidemics of a different kind, which prevailed extensively in the middle ages.

The plague continued longer than any other, and even now is not extinct, decimating the populations of large and populous districts of country at each epidemic visitation, and presenting numberless cases of sudden death from congestion and chill. Then there was the disease called the Black Death, by which Europe, then much less populous than now, lost twenty-five millions of inhabitants in the fourteenth century alone. The Dancing Mania prevailed during the same period, or for two centuries from about 1374. Popular superstitions governed the treatment of these diseases until Paracelsus attempted to apply the principles of medical science, as in other forms of febrile disease, early in the sixteenth century. His treatment consisted in an attempt to relieve congestion by producing reaction. The Sweating Sickness began its ravages in 1485, and continued nearly a century. In the city of London alone, thirty thousand died of this disease in the single epidemic of 1499. Tarantism, a similar disease to the Dancing Mania, and supposed, at first, to proceed from the bite of a spider, was epidemic mostly in Italy, in the seventeenth century.

The meager accounts we have of those diseases, have little room to doubt their febrile character, and, indeed, their leading symptoms appear in our modern epidemics known to be of a febrile character, with congestion as their most prominent and fatal characteristic. The dancing mania has prevailed epidemically, but not in a very fatal grade, in Kentucky and Tennessee in the present century; and I have witnessed many of the symptoms of this disease in the yellow fever of the most fatal grade. The cholera, as it prevails everywhere, affords illustrations of the sweating sickness, and proves to us that congestion is at the foundation of sanguineous and serous hemorrhages, whether of the bowels, skin or kidneys. It remains to be discovered why it is, that these hemorrhagic effects of congestion are sometimes red, and sometimes white blood, but the congestive cause is already proved beyond dispute. The pathology and treatment are the same in both cases.

Further illustrations of congestive disease of a febrile character, may be found in the study of the diseases of brutes. The vast epidemic among cattle which has so often ravaged Asia and Europe, called cattle plague, is, according to the voluminous report made upon the subject by the British commission, a febrile disease distinctly developing the febrile paroxysm, consisting of chill and morbid or febrile reaction. The prominent local lesion of the disease is of the mucous membranes as in cholera, which disease it so closely resembles, that in those parts of Asia where it originated, it is denominated "cattle cholera." No one doubts that congestion is the prominent pathologic difficulty. This disease has existed a thousand years, causing a mortality among cattle in eastern and southern Europe alone of two hundred million. It has now extended to western Europe, the Atlantic ocean being the only impediment to its ravages in America. Unless exhausted by the lapse of time, its continuance already being the longest of any epidemic disease of which we have any account, it will extend to this country, and thus encompass the globe, as cholera has done so much more rapidly. Probably it may in time become as destructive of the bovine race upon the prairies of Texas, and upon the pampas of Brazil, as it has been upon the steppes of Russia. The comprehensive report of the British commission, which by the courtesy of the Department of State, I have the opportunity to examine, declares it does not appear that a single case of the disease has ever been cured by treatment; and it is a significant fact, not complimentary to the medical profession, that the Prussian government imposes a heavy penalty upon every attempt to treat the disease. I have not been able under the most powerful official influence, to obtain the privilege of a single remedial experiment in that country where the disease is now prevailing.

The bovine epidemics of this country, although differing from the cattle plague, afford convincing evidence, also, of their febrile character; and the fatal maladies prevailing among cattle in the south, bear the same rela-

tion to the human fevers of that region, that the cattle plague does to cholera in Asia and Europe. Chill and reactionary fever constitute the paroxysm, and congestion is the prominent feature, as in cattle plague; but the local lesions are of the parenchymatous structures, as in periodic fever, and not in the mucous tissues. Sometimes the lungs and serous membranes are involved, as in pneumonia and pleurisy, and then the disease is apt to be called pleuro-pneumonia.

For seventeen years it has been my practice to treat congestion, whether accompanied by chill or not, by the internal exhibition of chloroform in hypnotic doses, and in no case has it failed to afford such relief as can be obtained from no other remedy. I have given it in intermittent and remittent fever; in the convulsions of children, proceeding from chill and other causes; in colic, and colic and congestion of the stomach; in cholera, cholera morbus, diarrhœa and dysentery; in epilepsy, apoplexy, delirium tremens and congestion of the brain; in pneumonia, congestion of the lungs, hemorrhage, diabetes, albuminuria, sunstroke, concussion, uræmia, eclampsia, and other forms of disease caused or accompanied by congestion. In a good many cases I have given chloroform to children in convulson, and to adults prostrated by sunstroke, concussion and hemorrhage, after all hope of recovery had been abandoned, and when I would not have ventured to pour into the mouth an equal quantity of water; and in not one of those experiments have I been unsuccessful. A man of eighty-four years has in this way been rescued from sudden death in congestion of the brain; and a child of eight days relieved of an equal danger in lockjaw. By carrying the remedy always in my pocket, I have rescued many extreme cases from sudden death, and relieved many attacks of fever and cholera in their very inception. A single teaspoonful has relieved epilepsy, delirium tremens, sunstroke, apoplexy, concussion and hemorrhage, when sudden death was impending. My doses have been from a single drop to two teaspoonfuls, and in no case has injury resulted from such use of the remedy.

This discovery of the power of chloroform over congestion and chill, places a successful practice within reach of the sufferer, and his non-professional friends and attendants, who may, by the administration of a single dose, arrest a fever in its inceptive stage, and relieve all those forms of nervous disorder which, by causing a stasis of blood, or congestion in certain vital organs, so frequently destroy life suddenly. The treatment consists in the administration, by the stomach, of such a dose of chloroform as will produce sleep, and the enjoinment of such quiet and rest as will encourage the continuance of sleep. It must be understood, however, that sleep produced by ingestions of chloroform, differs entirely from the anesthesia caused by inhalations of the remedy. The one so closely resembles the sleep of health, that it cannot be distinguished from it. The other is a condition of nervous insensibility, from which the patient is not aroused by the amputation of his limbs. The sleep caused by the internal use of chloroform is without danger of injurious results; but, whenever the paralysis of anesthesia from inhalation extends to certain vital organs, death inevitably ensues. This untoward result is caused by congestion, constituting one of the forms of sudden death for which chloroform, by the stomach is a remedy.

All these matters have been presented to the profession and the public very often; but my efforts to bestow upon mankind the boon of a great discovery, have met with a small success, scarcely more than rewarded the efforts of Dr. Jenner, the discoverer of vaccination. A whole century is likely to prove too short a period to arrest the mortality from small-pox, by a simple process, which any one may adopt and use, almost without trouble or expense; and I fear, it may require an equal period of time to educate, even the most highly civilized portions of mankind, up to the point of using a single dose of a simple and harmless remedy to arrest fever, and to relieve the congestions, which are the common cause of sudden death. It would be difficult to over-estimate the value of such a remedy, in the hands of the profession and the people, when its use and value come to be appreciated.

Every means of lessening mortality by disease, tends to the great object of increasing the average duration of human life. The diseases most influential in reducing this average have been small-pox, and congestion, both febrile and non-febrile. Dr. Jenner, by his discovery, put it in the power of every human being to avoid death by small-pox. All any one has to do, is to vaccinate and revaccinate until the vaccine virus refuses to act upon the system; and the successful treatment of congestion by the internal use of chloroform is

not less simple; but as congestion in its various forms is likely to attack the same subject repeatedly, and from a variety of causes, there may be many occasions for repeating the remedy. Vaccination is preventive, chloroform remedial; and it is applicable to a great variety of ailments affecting the constitution, without limitation; the latter becomes, in the question of extending the average duration of life, the more valuable of the two.

It has been proved, by my experiments, reported almost daily for seventeen years, that chloroform administered internally, in such quantity as to produce sleep, is powerfully remedial of congestion. It is, therefore, the remedy most to be relied on, not only for the prevention of sudden death, but for all that class of diseases called febrile, or simulating fever, which cause the principal mortality among men. As such, I again commend it to the consideration of all persons and corporations interested in the prolongation of human life.

PHYSICIANS AS DISPENSERS OF MEDICINES.

By D. C. Leavenworth, M. D.

Of New Haven, Conn.

It is with much pleasure that I observe the interest that is apparently awakened among the profession in reference to "Physicians dispensing their own Medicines." With your permission I will make a few suggestions in regard to the subject.

While admitting the convenience of our present mode of practice viz:—writing prescriptions to be prepared by the apothecary—the evils and disadvantages connected therewith have been considered and are acknowledged by many candid observers in the profession. I have no doubt that the impression is extending among thoughtful physicians, that if the custom more generally prevailed with them—both in city and country practice—of dispensing their own medicines, it would obviate many of these evils and disadvantages, and also add to the usefulness and influence of the profession.

We are all aware of the great improvements and changes that have been made in the preparation of our remedies—especially during the last few years. A great proportion of the medicines we now prescribe are obtained from the manufacturing chemist, and those who make it a specialty to prepare extracts, alkaloids, etc. They usually have much experience in the various forms of medicines, and have the means and facilities for testing and analyzing crude materials, and these can ascertain their quality and value as therapeutic agents. Their success depends to a great extent on the purity and quality of their preparations, and therefore, it is for their interest to make and sustain a good reputation. Their medicines are most of them prepared in an agreeable, pleasant and concentrated form. They can be readily obtained in all parts of the country, and therefore, the supply that physicians would generally find necessary to keep on hand, would not occupy much room, and one or two pocket cases would usually contain a sufficient variety for ordinary daily prescribing.

In the present mode of prescribing, valuable time is often lost at the beginning, and at the critical stages of disease by the delay in having our prescriptions prepared, even when the apothecary shop is near and accessible. If the physician has remedies with him he can administer them at once, with the certainty that they are taken according to his wishes.

Our present manner of prescribing is often hazardous. Prescriptions are often written in haste; many times are nearly illegible. They are frequently prepared in haste; sometimes incorrectly either through the incompetency or carelessness of the apothecary. He may be an unscrupulous man and the quality of his medicines the last consideration with him, or he may be a novice at the business. It would both alarm and astonish physicians—but more especially those of the community whose lives are in jeopardy—if they knew how many clerks who perhaps have been in the apothecary shop only a few months, are allowed to prepare prescriptions—a prescription, perhaps, upon which a patient's life depends. Is it surprising that we often read of "Druggists' fatal mistakes?" Many physicians will recall to mind cases where apparently the patient was doing well, and all were cheered with the hope of a speedy recovery, when suddenly the disease unaccountably assumed an unfavorable aspect, the patient became worse, and perhaps died. Under these circumstances many a skillful medical attendant has, to a great extent, lost a reputation which he has labored long years to attain.

Again, the present manner of writing prescriptions induces a seeming necessity for

prescribing more medicines,—also more powerful remedies—than the disease in many cases requires. A prominent physician of this city once remarked to me, "we medicate too much—more than we ought to—it will not answer to send *too* simple a prescription to the apothecary shop." We are well assured that many cases of sickness—apparently quite serious and alarming to the friends of the patient—can be safely left to vis medicatrix naturæ, but if called we must do something to satify them. Here is one secret of the apparent success of the Homœopathic system of practice. The trouble and inconvenience of which we frequently hear families complain—that is avoided when they resort to that system of practice—are a consideration of some importance. I should like to say more on this point if my time and the space you could allow me would permit.

I will briefly refer to one more evil which our present mode of writing prescriptions induces, viz: the opportunity it affords the dishonorable practitioner to obtain a percentage on his prescriptions. This collusion between the physcian and apothecary is a pernicious and corrupt practice, and it should receive the censure of every honorable physician—it is an imposition on the people—unjust and oppressive—especially to the poor. The community reasonably look with distrust upon a profession that allows its members—who are known to be guilty of this practice—to remain in fellowship with them, or members of city, county and State societies. It is causing much injury to the profession in this State, and many physicians are determined to make more effort to awaken the attention of the profession to the prevalence of this evil. I have no doubt if the custom generally obtained for physicians to dispense their own remedies, it would accomplish much toward obviating this dishonorable practice.

Hospital Reports.

CATHARINE STEEET DISPENSARY, PHILADELPHIA.

Gynæcological Clinic of Dr. F. H. Getchell.

REPORTED BY J. P. BURD.

Cancer of the Uterus.

Catharine S——, aged sixty, married, has had nine children, complains of constant leucorrhœal discharge occasionally tinged with blood. The discharge is not offensive, she has no pain, nor has she been troubled at any time with lancinating pains in the pelvic region. She has a constant feeling of weakness, the bowels are regular, appetite very poor.

An examination revealed cancer of the uterus in an advanced state, the entire cervix had been eaten away, and secondary cellulitis had fixed the uterus firmly between the bladder and rectum. Ordered,

Quiniæ sulphatis,	gr. xxxij.
Tr. ferri chloridi,	f.℥ss.
Aquæ,	f.℥iijss. M.

Sig. Teaspoonfulls three times a day before meals.

To have a full diet of eggs, milk, beef, mutton, oysters and vegetables, and to inject the vagina twice a day with a weak solution of carbolic acid.

Commentary.—The diagnosis of cancer of the uterus in the advanced stage, is comparatively easy. Once having felt the hard border, the crumbling center with decided destruction of tissue and the liability to hemorrhage from the touch of the finger, there is little difficulty in recognizing the disease when met with again. Too much reliance must not be placed on a fetid discharge or the lancinating pains spoken of in most of the descriptions of this disease, as we frequently see patients that have neither of these symptoms, and on examination find a large part of the cervix destroyed by cancerous ulceration. This is of the encephaloid variety, which is the one most frequently met with in the uterus.

Cancer is always a local manifestation of a constitutional taint, and never comes from ulceration of the os, to which it bears no resemblance.

She states that she never knew that any of her ancestors had cancer. Next to an hereditary cause we have an overworked and an underfed uterus—frequent parturition and an impoverished blood from scanty and unwholesome food, and the vitiated atmosphere of small and badly ventilated houses.

It is not often that we meet with a case attended with so much destruction of tissue and so little hemorrhage as we have here; hemorrhage is often a troublesome symptom but can generally be controlled by placing the patient at rest on her back and applying a sponge saturated with persulphate of iron to the uterus. The fetor is best corrected by injections of carbolic acid, half drachm to the pint of water—for the pain you must give opium, and as it loses its effect from continued use, the amount should be increased. It may be given in combination with other anodynes—a pill made of

Morphiæ sulph.,	gr. $\frac{1}{6}$.
Ext. hyoscyami,	gr. ij.
Pulv. camphoræ,	gr. . M.

may be given, and repeated pro re nata. Great attention should be given to the general health, and by a judicious management of the digestive functions patients may be made to gain in flesh and strength, and their lives not only prolonged but they are much more comfortable while they do live.

Protracted Nursing.

Mary M——, aged 34 years, is married; has had six children; the youngest is 23 months old.

She complains of a constant feeling of weakness, pain in the left side, headache, loss of appetite and extreme nervousness. The bowels are constipated, menstruates regularly. Ordered

℞. Acidi nitro-muriatici diluti, f.℥vss.
Tr. ignatiæ amaræ, f.℥ijss.
Syr. gaultheriæ, f.℥j.
Aquæ, f.℥ij. M.

Sig.—Teaspoonful three times a day, in water.

Also as a tonic laxative

℞. Ferri sulphatis, gr. xxiv.
Potassæ bitartrat. ℥j.
Magnesiæ sulphatis, ℥ij. M.

Sig.—Teaspoonful in a tumbler of water, at bed time.

Cases of this kind are of very frequent occurrence; the mother hopes, by continual nursing, to escape pregnancy, and keeps the child at the breast long after it should have been weaned, to the destruction of health. The evils of protracted nursing can scarcely be over-estimated. The digestive power becomes enfeebled, and distressing dyspeptic symptoms ensue; the countenance becomes pale and haggard; the patient suffers from pains in the head and back, and extreme nervousness and palpitation are often met with. These patients often, of their own accord, resort to stimulants to strengthen them, but this only increases the nervous irritability. It is of very little use to attempt to improve them without first removing the cause of the debility, and it is a rule at this clinic not to prescribe for these cases unless the child is weaned at once, and then a generous diet and fresh air, with a judicious administration of tonics and laxatives, will bring the patient back to health, though in many of these cases so completely prostrated is the woman that a long time may be required to bring about the desired result.

The injurious effect of prolonged lactation is scarcely less on the child than on the mother. You will often see children that are nursing during the second summer suffering from continued diarrhœa that has resisted treatment, get well at once if the child is weaned from the mother's breast. Children are often nursed over the second summer, the mother thinking this a particularly dangerous period in the child's existence, and hoping to save it by this means, and this is often given as a good reason for the mother to continue, even if she does injure her health Now the mother is not only doing an injury to both herself and child by nursing long after she should have stopped, but in the next place, the second summer is not a period attended with unusual danger to the child's existence. The report of the Board of Health for this city shows that during the hot weather, four children under one year of age die, for every one between one and two years of age.

From twelve to fourteen months is as long as the mother should be required to give or the child to subsist upon the breast milk.

Abscess of Labia.

Jane R—, aged 23 years, married, has no children, complains of swelling of the vulva attended with great pain. An examination discloses an abscess of the left labia. It was freely opened and the pus allowed to escape. She was ordered a poultice of slippery elm bark and to take Dover's powder to allay the pain.

These abscesses generally result from closure of the duct of Dumenoy's gland, from injury or irritation of any kind, but the most frequent cause is, probably, excessive sexual intercourse. The treatment is the same as for abscess in any other part of the body—to open the sac, apply a poultice, and quiet the pain by the use of anodynes. Care should be taken not to confound this condition with that of hernia. Frequently these patients do not apply for relief until the sack has ruptured and the yellow discharge leads them to suppose they have gonorrhœa. Of course, on making examination you will be able to inform them that such is not the case.

Medical Societies.

ONEIDA COUNTY N. Y. MEDICAL SOCIETY.

The regular quarterly meeting of this society, was held at the Butterfield House, Utica, Tuesday, Oct. 11, 1869.

The President, Dr. Thomas M. Flandrau, read the following interesting case:

A GRAIN OF COFFEE REMOVED FROM THE WINDPIPE BY TRACHEOTOMY.

On the 15th of August, 1869, a healthy infant of fourteen months, put in his mouth a handful of burnt coffee berries and while masticating them was violently strangled and vomited excessively. After a while he was quieted, but his breathing remained rather hurried and was accompanied by a wheeze. This was at first supposed by the family to result from irritation of the throat consequent on his severe struggles, but it was at length suspected that the coffee might have entered the windpipe. I found him twenty-four hours after the accident, lively, without hoarseness, cough or difficulty of swallowing, but breathing with a wheezing sound. It was evident the dyspnea did not depend on croup. Careful examination showed that there was no foreign body in the esophagus and a discussion of the facts convinced me that some of the coffee had passed through the glottis.

Inversion of the child and brisk succussion, sternutatories and an emetic were tried to dislodge the particle without success. As the little patient seemed in no danger, further efforts in this direction were discontinued, and the case left to nature. A few hours after this the child's respiration became much more

difficult and noisy. His lips and skin were purple, and death seemed stealthily approaching. I then urged tracheotomy as offering the only hope. Within an hour the assistance of Drs. Whaley and Sutton having been obtained, the operation was undertaken. The patient was very dull, submitting to the preparations with little resistance, but as he was still conscious, it was determined to administer chloroform. Although some doubts were entertained of its propriety in the presence of partial asphyxia, its effects were eminently satisfactory. The spasm of the glottis was relieved and the respiration improved under its influence.

The dissection of the deeper tissues was made almost without hemorrhage. One of the thyroid veins was seen and drawn out of the way, and the handle of the knife was used more than the blade. The trachea, when fully exposed, was caught by a tenaculum, and three rings just below the thyroid gland were cut with a curved scissors.

The entrance of air through the wound at once relieved the respiration decidedly, and after half an hour the irritability of the parts subsided so that it was possible with a probe to keep the tracheal incision open, when the breathing became very easy. The child soon improved greatly in point of color and vigor, and nursed a little. I then formed a pair of hooks out of a steel watch spring which had been made flexible by heat, fixed them in the sides of the wound and connected them by a cord tied at the back of the neck. This kept the tracheal incision open. A piece of fine muslin was laid over all to exclude dust.

Probing the trachea was attempted with the view of finding the offending substance, but had to be abandoned as as it invariably provoked severe cough and strangulation.

After the arrangement of the hooks the child passed some time in comparative comfort. About six hours after the operation he nursed with great energy and probably dislodged the berry, as he choked and coughed terribly. The hooks becoming displaced, I at once opened the wound with a probe, when the piece of burned coffee, a little larger than half of a berry, was forcibly ejected from the incision, and thrown some distance out on the floor of the room.

The little sufferer was at once entirely comfortable. On closing the wound it was found that he breathed freely, and it was evident that the difficulty had been removed.

From the relief obtained when the windpipe was opened, I was led to believe that the bit of coffee was above the incision, in the larynx, to which point it had probably moved when the aggravation of the symptoms began. Attempts to settle its position by auscultation had been defeated by the struggles and cries of the child.

Very little constitutional or local disturbance followed the operation, beyond a slight cough. An occasional anodyne was the only medical means required. The wound healed by granulation. The Trachea was closed on the seventh day, and cicatrization was completed in three weeks.

Gross gives the statistics of ninety-eight cases in which the windpipe was opened for the removal of foreign bodies. Of these, eighty-three were successful, and fifteen fatal, the recoveries being in the proportion of five and a half to one death. Tracheotomy was performed in sixty-eight of these cases, the mortality being one to eight and a half cures. The deaths after laryngotomy and laryngo-tracheotomy were twice as numerous.

Dr. WILLIAM L. BALDWIN read the history of a case of

COMPRESSION OF THE SPINAL CORD.

A young man aged about thirty-five, an architect by profession, applied on the 22d of last March (1869) for professianal advice, stating that five years since he was taken with a sneezing fit which produced the following results, viz: A temporary paralysis of the whole system, an excruciating pain through the chest with a great difficulty of respiration, and a peculiar pain shooting through the arms, more especially the right.

This continued for the space of ten or more seconds, when some one of his friends (who were in the room with him,) noticed his distress and moved him from his fixed position, thereby throwing his head forward, when the paralysis left him, and with the exception of a certain numbness in the upper extremities, and the pain or rather soreness about the chest, he felt quite comfortable.

After a day or two all the unpleasant symptoms had passed off, the patient enjoyed good health, sleeping well, a good appetite, and in fact was never better in his life.

Since that time whenever his head is thrown suddenly backward, he experiences the same sensations, as before described, and after a short time a flacid tumor about the size of a walnut makes its appearance to the right and below the *vetebra prominens*, which in connection with a stiff neck continues for several days, after which he has his usual good health until a recurrence of the attack.

He informs me that he averages two of these attacks in the course of a year, and at no time has it caused him to be absent from his work for more than two or three days. When about fifteen or sixteen years old he was troubled with fits, which from the description given me by his father, appear to have been epileptical in form. "These, however, (to use his own language) he outgrew," and has had no return of them for several years.

He never remembers to have received an injury of any kind which could in the least have any bearing upon or cause this difficulty in the vertebral column, and with this sneezing fit before alluded to, this pe-

culiar train of symptoms clearly indicative of compression of the cord made their first appearance.—When the head is again thrown forward, after one of these attacks, the compression ceases, and with it all the symptoms, with the exception of pain, or rather soreness or stiffness of the neck, which may be looked upon as the effect of the graver symptoms, showing conclusively, that the compression is but temporary. Upon close examination I find no displacement of the vertebræ or of any of the processes; everything appears to be *in situ*, and except when the head is thrown suddenly back, the patient is *free from* all of this trouble.

Thus far I have endeavored to give the circumstances connected with the case, its history so far as learned, the peculiar train of symptoms produced, etc. Now, however, it becomes necessary to assign some cause for this temporary compression.

Several physicians, to whom I have related the case, have advanced explanatory theories, as detached spiculæ of bone, bony exostosis, compression and engorgement of the spinal veins, etc., but to my mind none of these reasons are either satisfactory or applicable to the case, for the compression is but temporary and does not produce any spinal irritation, therefore the substance, be it what it may, that produces this pressure is soft and somewhat elastic.

To account for it, I have theorized after this manner: that there is a portion of the intervertebral cartilage partially detached and somewhat wedge shaped, and that the edge of this wedge is toward the anterior portion of the body; then, the head being thrown back (the vertebræ moving with it,) the posterior portions of their bodies are brought nearer into opposition and cause these two hard bodies to press upon this partially detached cartilage, which, from its shape and elasticity is forced outwards and backwards, and impinges upon the cord, thus producing the pressure, the result of which is temporary, for as soon as the head is carried forward, the pressure which forced this cartilage out is withdrawn, and it very naturally falls back into its normal position.

This to me appears to be the most rational mode of explaining the cause of this difficulty, but in promulgating a theory, it becomes necessary to controvert others that have been previously advanced, which in most cases is attended with much difficulty, but not particularly so in this case, for those opinions that have been given were not those of deliberation, but merely haphazard suggestions.

Let us examine the different hypotheses in their order, commencing with the spiculæ of bone, then bony exostosis, and finally the engorgement of the cervical vein, and see whether they will bear the test of criticism.

Let us suppose that there are detached spiculæ of bone present in this portion of the spinal column, -what would be the result? Would the train of symptoms be the same as here exhibited? I unhesitatingly answer that they would, provided life would permit of their development, but in addition to these we should have others graver and more lasting, which would materially alter the whole aspect of the case.

For the spiculæ being hard and sharp bodies, when forced out would lacerate the sheath, thus producing irritation, which would necessarily last longer than the trouble now does, and, too, were the spiculæ large, (which they would have to be,) they would be forced into the body of the spinal cord producing thereby inflammation, which would in all probability result in death.

Even this is a favorable view to take of the matter, for were the detached spiculæ present, the attrition caused by the spinal column as well in its lateral as its antero-posterior motions, would inevitably dislodge them, forcing them into the spinal canal, and it is unnecessary for me to say what would be the result, for that is patent to every one present.

Hence, we will discard the theory of spiculæ of bone and proceed to the consideration of that of bony exostoses, which will, for reasons before assigned, be as readily disposed of as the previous by stating the self-evident truth, "that bony exostoses do not remain in *statu quo*;" they must either increase or be resolved. In the one case there would be permanent paralysis, in the other the neck could be thrown backwards and forwards with perfect impurity, neither of which conditions are fulfilled, for the duration of the attack remains just the same as it was five years ago.

The fact that the sheath in this portion of the spine envelopes the cord so loosely, would show that the veins would necessarily rupture before becoming so engorged as to produce this pressure, and even if they did, the paralysis following (as in the case of the other hypothesis) would be of a more lasting character.

Thus I have endeavored to show, that neither spiculæ of bone, bony exostoses, or engorgement of the cervical veins can or do produce this distressing train of symptoms, and until other more plausible reasons are advanced to account for the phenomena here exhibited, I must hold to my theory that a partially detached portion of the intervertebral cartilage is the sole cause of all this disturbance.

Dr. WEST related a case of spasm of the glottis, caused by the reflex irritation of bronchocele. The distress in breathing was relieved by the inhalation of ether.

Dr. IRA D. HOPKINS offered a preamble and resolutions on the subject of criminal abortion, which were adopted unanimously.

Dr. LOUIS A. TOURTELOT read a carefully prepared paper entitled "The Nervous System in Disease," of which the following is an abstract:

THE NERVOUS SYSTEM IN DISEASE.

A resume of the views set forth in the paper was as follows:

1. The nervous system, being the special organ of all that is peculiar and most essential to the human organism,—its purely vital actions—should have the highest place in medical study and observation.

2. Imperfect and perverted nutrition—changes in the primary cells, being the starting point of disease, the main efforts of the physician should be to supply the essential condition of this process.

3. Chemical and mechanical views of disease, having led to the excessive use of drugs whose chief quality is to depress the powers of the nervous system, and to delay or prevent vital changes, deserve the severest criticism.

4. All substances which are essentially devitalizing, and those which are purely stimulant only, should be cautiously employed, and for the shortest possible periods of time.

5. As in the language of an American author, "the most unwarrantable of all experiments are those involving human health," the free experimenting with poisonous drugs in general practice, should be strongly condemned.

Dr. ROBERT FRAZIER, of Camden, gave the history of an extraordinary case of muscular development in the right arm of a patient of his. Various theories were advanced to explain the condition.

Dr. JOSIAH RATHBUN gave in detail the symptoms connected with an abdominal tumor in the epigastric region of a person under his care.

Drs. CHURCHILL, STURDEVANT, FLANDRAU and HUTCHINSON related cases of malignant tumors of the abdomen.

On motion the Society adjourned to meet the second Tuesday in January, at the Thompson House, in Rome.

EDWIN HUTCHINSON, M. D., Secretary.

CINCINNATI ACADEMY OF MEDICINE.

October 11th, 1869.

CASES IN OTOLOGY.

By W. W. SEELY, M. D.

(Reported by Dr. Hadlock).

It might seem like time poorly spent to consider any points in referenee to the ordinary secretion of the external *auditory canal*, still I feel assured that in the two cases I have to present there will be points of interest to all, quite sufficient to justify me in asking your attention for the few moments that will be required for their enumeration and consideration.

From earliest time, considerable importance has attached to the secretion of the external auditory canal. That importance has varied all the way from Buchanan—the Scotchman—to that of the modern school. Buchanan wrote several works in which he called special attention to the great significance of the *cerumen*. In his regard for the significance of the cerumen, he might be classed with Jones in his regard for the significance in the form of the *auricle* physiognomically considered. Jones says "show me your ear and I will tell you who you are, where you are going, and where you came from." As is well known, the external auditory canal has a cutaneous covering continuous with, and in all respects like the common integument of the body. It was, probably, the ignorance of this fact, or the ignoring of it that led to the modern stress put upon the secretion of this canal. When once we bring ourselves to give a proper regard to the identity of the skin of the auditory canal, with that of the integument generally, it will require no great stretch of fancy to see that the secretion of the two should commonly be regarded as identical. I say commonly, for just as the fluid that lubricates the eye ball and eyelids is by no means secreted entirely by the lachrymal gland, but by the mucous membrane and meibomian gland also, so the cerumen is a mixed secretion from the proper ceruminous glands and the other secretory parts of the skin, and the so-called ear-wax is made up of cerumen proper, sebaceous matter, little dead hairs, and scales of epidermis.

The special and general integuments then, having such an anatomical identity it would be reasonable to suppose that the secretory power of the two will have a close relation, and such now seems to be an accepted fact. At the present day little regard is paid to the absence or presence of cerumen, or its great or less abundance. It is well known that previous to the discovery of the opthalmoscope, everything beyond the iris that caused blindness was put upon the nerves, till the present improved means of effecting an examination and making our a diagnosis; of necessity the secretions and the nerves must be at the foundation of deafness; so, then, so far as any relation of the secretion, absence or superabundance goes as a cause of deafness, or so far as it is an indicator of inflammatory cause, its value or importance is to be ignored. In one point of view, however, it is a matter of the highest moment—I mean in a mechanical one—were any one to find in the external canal a tumor of any description, osseous, fibrous or mucous, he would undoubtedly regard it a matter of his deepest attention.

I hope to present two cases and a description tonight, to illustrate how this, in itself, so unimportant secretion may become a matter of deep and even of the most serious import.

Mr. B. presented himself at my office for a trouble in the ear. For five or six years he had a singing

and thumping noise in one ear—the right; and recently he began to have them in the other—the left. Shortly after the tinnitus began in the left, he experienced attacks of dizziness, and now and then a sharp, piercing pain, and a constant disagreeable heaviness in the head, apparently, as he described it, passing from one ear to the other, and amounting almost to a pain. The symptoms and the increasing deafness led him to have a consultation. An examination showed the hearing in both sides to be impaired, the watch not being heard at all on the right auricle. After softening the collection in the left ear, it was readily removed by syringing, and inspection showed the membrana tympani to be normal in color and position, and testing by the voice and watch showed the hearing power to be normal. The accumulation in the right ear was removed with difficulty, inasmuch as all touching with forceps and all attempts at syringing produced dizziness and pain deep in the ear. So it was not till after two or three days, during which the ear had been many times filled with warm water that a perfect removal could be effected. After the meatus was freed an examination showed the membrana tympani to be somewhat thickened. The abnormal concavity of the membrana tympani was an indication for the inflation of the drum by means of the catheter, after which the membrane assumed a better position and the hearing distance increased very perceptibly. The inflation was repeated to the fifth sitting in as many days, at the end of which time the membrane had improved very much in its appearance, assuming a more normal color, and the hearing was about normal. Watch could be heard ten feet.

The second case I beg to present is one of vastly greater import. A lady presented herself at my office, as she said, "to have her ear examined." Her story, briefly, was that her mind had been deeply employed on,—to use her own words—"the great truth of the day, which the world is trying to keep back, but which is certain to advance till it dispels, with its genial warmth, all the chill that greeted it at its early dawn."

This woman was crazy on spiritualism, and had paid no attention to the ringing in the ears, though she confessed it had been there for many years. Of late there had been something more than tinnitus, a very disagreeable feeling, not only in her ear, but in all that side of her head, that she said rendered her quite miserable. On examination I found that she was unable to hear the watch on either side at all, either against the auricle, or on the bones.

In the right the hearing of the voice was still quite good, so she protested it was perfect. The membrana tympani was opaque and very concave, drawn in against the promontory, indicating a chronic inflammation of the cavity of the middle ear, and closure of the eustachian tube. In the left I found the meatus filled to within a short distance of the entrance with impacted cerumen. As a preparation for syringing I began to remove the wax as far as possible with a small pair of forceps. Before penetrating far I felt something hard between the blades of the forceps, and on examination found it to be a small piece of bone.

The removal required a good deal of patience and care, as the ear became very sensitive. During the removal several small pieces of bone were found, and on examination with a probe, showed there had been absorption of the covering of the long canal at its beginning—upwards and outwards—and corresponding necrosis. The patient said that she remembered to have felt hard particles on putting the finger into the ear, so she probably had come in contact with several small pieces of bone.

I need not dwell on the importance of these two cases, but perhaps a few general remarks may not be out of place. Of course such cases present no difficulties in the way of diagnosis, for an examination by means of speculum, would at once, to the most inexperienced eye, show what the difficulty was, and of course the only thought could be about its removal. As you have seen in these cases the removal was no slight matter; were it so, as is usually the case, it would need no special merit. I always think it a very good plan when the plug seems hard, to remove the surface with the forceps, then begin syringing with warm water as hot as the patient can bear, beginning gently and increasing the force of the stream till it can be decidedly felt.

It is not wise to continue the sitting too long—especially if the patient becomes dizzy, as is apt to be the case, or complains at all of pain.

It is better to use the warm water during the day and glycerine at night—continuing the syringing next day, and probably the plug or mass will come away readily.

It is always advisable for one's own reputation, that the hearing be tested before the attempt at removal begins—and before any prognosis is made—for of course if there is an existing middle ear trouble, the hearing may be improved, but not made perfect. Again, I would have you bear in mind that such a condition of the parts as was present in the first case reported—being the abnormal concavity of the membrana tympani and consequent impairment of the hearing, and its relief by inflation.

I feel that too little attention has been paid to this point, for though the pressing of the concavity of the membrana was entirely the result of the pressure from the plug of cerumen, the membrana could not return to its proper position from partial anchylosis of one or more of the joints of the little bones. So the cavity of the drum being narrowed or entirely obliterated, there must remain a corresponding dullness of hearing. That the plug of cerumen was the cause of concavity of the membrane in the first case

was admitted, by the fact, that the eustachian tube was open. Again that the plug of cerumen can cause such a pressure, is shown by the fact that a perforation of the membrane has been so caused, and also an ulceration of the periosteum of the bony walls of the external canal, as has been seen in the second case I have presented.

Such cases as have been presented will not seem strange if we will regard such collections as veritable tumors, that slowly but surely increases in importance with time, and to do the work of a true tumor, needs only time and non-interference.

Both the dizziness and noises in my first case could readily be accounted for by the direct presence of the nerves communicated through the little chain of bones to the fluid in the labryrinth.

EDITORIAL DEPARTMENT.

Periscope.

Action of Veratrum Viride.

Drs. Amory and Webber sum up the physiological action of this drug in these words.—(*Boston Med. and Surg. Jour*).

The conclusions in regard to the physiological action of veratrum viride, and the alkaloid, veratria, which can be drawn from these experiments and cases recorded by others, confirm those that we have been induced to draw from our own experiments. We need only mention, here, the influence which is exerted upon the nervous system. In some respects resembling the action of woorara, it differs from that poison in less energetic action, in attacking the sensory fibres as well as the motor, and in diminishing the frequency of the cardiac pulsations. We have not performed any experiments to show whether the periphery or centre of the nervous system is affected, or whether the whole nervous tract is influenced.

The influence over the cardiac pulsation is, however, such that we are disposed to suspect that the nerves supplying that viscus are influenced at their central origin. The reduction in temperature indicates that the metamorphosis of tissue by which the temperature is sustained is interfered with; but this is most marked in cases of abnormal excess of temperature. The reduction of temperature would, also, indicate an influence over the vaso-motor system; the paleness of face, the dilated pupils, which have been sometimes noticed, and the increase of the arterial tension, observed by Limon, point to the same conclusion. If this be so, the weakness and paralysis may be due to an excessive contraction of the arterioles. Our experiments do not allow us to decide whether it is the spinal cord which is affected by this contraction, or whether it is the nervous trunks, or the terminal fibres of the nerves, or the nervous plates, which form the connection between the nerve and the muscle; but inasmuch as the respiratory and cardiac movements, the arterial contractility, the motor and sensory powers, and the secretory functions are all more or less affected, it seems more reasonable to refer the disturbance to the spinal axis, as that part of the nervous system through which the influence is exerted, and from which all the above mentioned results are produced.

The nausea and vomiting, the sensation of tingling, the prickling in the fingers and toes, and other abnormal sensations in the throat and elsewhere, which seemed to be present even when the drug was administered hypodermically, might be caused by the direct contact of the drug upon these parts as it circulates through them in the blood. A local application produces a numbness and deadens the pain of neuralgia. The deadness and diminished sensibility may, likewise, be due to the local contact, of the drug; or, both these effects, viz: the loss of sensitiveness and the abnormal sensation, may be due to its influence over the central nervous system.

In one case only, that of accidental poisoning, does there seem to be a cloud over the intelligence.

Scarifying the Gums.

DR. F. W. HATCH concludes an article on this subject in the *California Medical Gazette*, in these words:

1st. That while scarifying the gums in infancy is frequently of the most essential service in allaying nervous irritability, and relieving or warding off the early indications of cerebral congestion, the operation is not without danger, and like all others upon young children, should be performed only for just and sufficient causes.

2d. That it should be resorted to only on the most urgent indications, in systems already reduced by previous disease—pale, anæmic, and under the influence of mercury. That under these circumstances, it is better to risk the excitement due to difficult dentition than to resort to a remedy which may result fatally; in other words to bear and counteract the ills we have to deal with, than encourage others we know not of.

3d. That in the cases referred to, the subject of this paper, there was an hemorrhagic diathesis, probably acquired as one of the effects of mercurial influence.

4th. That the condition of the system, especially of the blood, in similar cases, is such, that they must almost of necessity prove fatal.

Astigmatism.

Dr. G. H. Powers remarks in the *California Medical Gazette:*

Astigmatism is the name for an anomaly of refraction of the eye caused by an irregular curvature of the cornea, and is by no means an uncommon condition, although generally unnoticed except in exaggerated forms.

Very many persons who claim excellent eyesight will find that with one or the other eye, or both, a series of parallel lines, thus, ≡≡≡ will look more black and distinct in one position than in another. For instance, while they appear plain enough in the horizontal position, they may become much more distinct if held so as to be perpendicular, or inclined at an angle. This is due to the fact that the radii of curvature of the cornea are not all equal, and this is the simplest test of astigmatism.

Again, in a darkened room, if a dark chimney be placed around the gas or lamp flame, and a small round hole made in the chimney, this aperture will appear *oval* instead of round to the astigmatic eye.

Emphysema from Whooping Cough.

Dr. J. H. Pooley reports this case in the *Medical Gazette:*

September 28th, 1869, I was asked to see George Corbit, a child six months old, who has had whooping-cough for several weeks, but in rather a mild form.

The night before my seeing him, his mother noticed a swelling in the front of his neck, which, by morning had spread over his entire body. It could not be attributed to any specially severe paroxysm of cough.

Upon examination, the neck, chest and whole body, except only the lower extremities were found to be distinctly and markedly emphysematous, and everywhere yielded upon touch the peculiar crepitus of air under the skin in the meshes of the connective or areolar tissue; the swelling being most extreme in the neck where it was first noticed.

The scrotum was blown up, so as almost to obliterate, or conceal the penis, and on being pressed, cracked like a dry bladder filled with air.

The respiration was somewhat hurried, the pulse rather quick, but the child though rather pale and run down, nursed freely, and digested his milk well.

I suggested the propriety of minute punctures to relieve the breathing should dyspnœa become oppressive, but I have not seen or heard from the child since.

In January of the present year, I reported at a meeting of the Yonkers Medical Association a case of emphysema of the neck and chest in a young child, coming on suddenly during a severe attack of bronchitis.

In this case, however, the emphysema was distinctly attributable to a violent and suffocative attack of coughing; it soon passed off and the child did well under ordinary treatment.

Symptoms of Poisoning by Atropia.

Dr. Lewis Smith exhibited to the N. Y. Pathological Society (*Medical Record,*) a portion of skin removed from an infant that had died early on the Monday morning previous from the effects of atropine. An autopsy was made by the coroner twenty-five hours after death, and a second one by the staff proper three hours subsequently.

There had been in the ward of the hospital a solution of nitrate of silver and atropia in water. The proportion of the latter was one grain to the ounce. This had been used for some time, so that the exact quantity remaining at the time it was drunk by the little victim is not known. As fully an ounce was found in the vial after the infant had taken it, it was presumed that something less than half a grain of the alkaloid had been swallowed.

The poison was taken about six o'clock on Sunday evening, and the physician, Dr. Dunster, and his assistant, were called to the child within half an hour afterwards. They then found that there was a considerable efflorescence of the whole surface save around the mouth and alæ nasi, which were pallid. This condition remained unchanged up to the time of death, and, although much faded, was distinctly visible on the section of integument exhibited. The pupils were very much dilated, and continued so until an hour before death, when Dr. Dunster observed them suddenly contract, in which condition they remained. In connection with this latter circumstance, it must be stated that the patient had been taking opium. The whole quantity of this drug that was administered was not more than one grain. The pulse from the first was considerably accelerated, and gradually increased up to the time of death from 120 to 180. The respiration at the same time was accelerated, catching, and very irregular, a point of some significance in connection with the post-mortem appearances in the chest to be hereafter noted. One of the physicians counted the respirations a little before death, and they amounted to *one hundred* per minute! About three hours before death convulsions took place. These were clonic in character and continued until death. There was also present temporary opisthotonos.

Autopsy.—At the autopsy the brain was found in a normal state. Dr. SMITH was not present at the opening of the chest, but the physicians stated to him that each pleural cavity contained three or four ounces of serum; that the lungs were partially collapsed, at least not fully inflated, and were in a state of congestion—evidently œdema pulmonum. This was of interest in connection with the embarrassed respiration, which condition continuing, doubtless gave rise to œdema and hydro-thorax. The contents of the head had not been seen by Dr. SMITH, and he had forgotten to inquire in relation to them. The stomach was healthy, but post-mortem digestion had taken place in the vicinity of its cardiac orifice.

Chloral

DR. RICHARDSON recently opened his course of lectures on Experimental and Practical Medicine. The subject was Chloral; and many new experimental facts were illustrated; among others, the great decrease of animal temperature caused by the substance, and the production of prolonged anæsthesia by inhalation from an ethereal solution. The following is a summary of the lecturer's views given in the *British Medical Journal*: 1. Deep and prolonged narcotism can be safely produced by the hydrate of chloral. 2. During a portion of the period of narcotism, there may be complete anæsthesia with absence of reflex actions; a condition, in short, in which every kind of operation fails to call forth consciousness. 3. During the narcotism, there are intervals of apparent exalted sensibility. 4. In the transition from drowsiness to stupor, there is no stage of muscular excitement; but in birds there is vomiting, as is common in the same animal in the second stage of narcotism from chloroform. 5. During the narcotism produced by the substance, there is invariably reduction of temperature. 6. The hydrate produces muscular relaxation; which relaxation extends to the muscles of volition, and also to the iris and muscular arterial system. From the condition of the muscles after death, it may be inferred that this paralysis is in part due to change within the the muscular structure itself. 7. The action of the substance on the nervous system is primarily on the sympathetic ganglia, afterwards on the cerebrum; and, finally, on the heart. 8. Recovery is followed by no bad results. 9. In fatal cases, the functions are destroyed in the following order: *a.* the cerebral; *b.* the voluntary muscular; *c.* the respiratory; *d.* the heart. 10. The substance, in small proportions, prevents, in some degree, the coagulability of the blood; and, in large quantities, stops the process of coagulation altogether. In large quantities, it also destroys the blood-corpuscles, and produces general destruction of blood. But to produce deep insensibility, the dose administered need not be so large as to lead to serious derangement of blood. 11. The phenomena observed correspond with those observed under chloroform; and the balance of evidence is, that they are the result of the action of chloroform. 12. Therapeutically, the agent is to be accepted as the rival of opium. It promises to be useful in cases where there are increment of animal heat, muscular spasm, and pain. It will be worthy of extensive trial, in tetanus especially. The dose of hydrate of chloral for a child is seven grains; for an adult, the dose may be extended to one hundred or even one hundred and twenty grains. The lecture was illustrated throughout by experiment; and the lecturer received hearty applause from those who were present.

Reviews and Book Notices.

NOTES ON BOOKS.

A NEW weekly illustrated journal of science, called "Nature," announced by Messrs. Macmillan, of London, to be begun on the first Saturday in October will be edited by J. NORMAN LOCKYER, while Professors Frankland, Brodie, Huxley, Kingsley, Odling, Oliver, Bastian, Charles Darwin, M. A., and others, will be on its staff, which in fact unites "all the talents" of the day—that is, in scientific literature.

Dr. BENCE JONES, Secretary of the Royal Institution of Great Britain, is writing a biography of Michael Faraday, the philosophic and practical man of science, long connected with that institution as Sir Humphrey Davy's successor.

The Pathology and Treatment of Stricture of the Urethra and Urinary fistulæ. By SIR HENRY THOMPSON, F. R. C. S., Philadelphia. H. C. LEA. 1869. 1 vol., 8 vo., pp. 359.

This edition of a deservedly popular work is from the *third* and revised London edition, and what is remarkable, the revision, instead of adding to the bulk of the work, as is so generally the case, has reduced the size of the volume, by the omission of a number of cases. On the other hand several additions have been made, giving the result of therapeutical progress and the author's more extended observation. It is, therefore, though a smaller, yet in fact a more useful epitome of the subject than the original and larger edition.

The pathology, diagnosis, and treatment of stricture in both males and females are spoken of at considerable length, the causes and characteristics of the different varieties are discussed, and an appendix is attached containing a series of notes relating to preparations illustrative of organic stricture and its consequences in the various pathological cabinets of London, and also a chapter on the examination of urine for clinical purposes chiefly in connection with the subject of difficult micturition. The latter is illustrated by several full page engravings of abnormal deposits.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCTOBER 30, 1869.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

NOTICE!!

By reference to the *Prospectus* in another column, it will be seen that we have made, and are making arrangements for communications from some of the best medical writers, and most prominent medical men in the country. WE ARE EXPENDING MORE ON THE LITERARY DEPARTMENT OF THE REPORTRR THAN WAS EVER BEFORE DREAMED OF IN THIS COUNTRY. If the leading Physicians and Surgeons of America do not write for the medical journals, as do those of Europe, we are determined that it SHALL BE NO FAULT OF OURS. We shall expect—*and have a* RIGHT *to expect, a commensurate support.*

For new subscribers we make the following LIBERAL OFFERS:

1. To any of our present subscribers who will send us a new name, a copy of the PHYSICIAN'S DAILY POCKET RECORD; and credit on books, etc., for more than one name, to the amount of ONE DOLLAR for each name.

2. New subscribers who remit $5, will be entered *to the end of* 1870. Those who send in their subscriptions *soon*, will therefore receive the REPORTER for FOURTEEN MONTHS for Five Dollars!

☞ Until there is a change in the Postal Laws, or in the Post Office arrangements, we shall be compelled to cease prepaying postage on the REPORTER after the close of this year. Prepaying subscribers will not, however, lose anything in consequence.

THE PRICE OF BEAUTY.

An item which went the rounds of the press a few months back affords us a text from which to speak a few words on one of the applications of chemistry, which has much to do with the public health. The item referred to was that, in Louisville, Ind., five young women had been poisoned by the use of a face powder of toxical character. We have not inquired from correspondents whether this is true or not, but we well know that if not true it is very possible and likely. *Se non e vero, e ben trovato.* These powders usually contain carbonate of lead or white precipitate, either of which could readily bring about the sad result recorded.

Very much has been said in this and other journals within the last year, about certain hair-dyes containing lead, which, in several instances, have induced lead-poisoning, resulting in permanent paralysis or death.

The tooth-washes and dentifrices, advertised under such high-sounding names, very generally are composed of pumice stone, cuttle fish bone, or some similar gritty substance, sure to wear out the enamel, or else their power of whitening the teeth depends upon the presence of tartaric or some other acid, which corrodes and soon destroys the health of the tooth.

Pure rouge is, medically speaking, unobjectionable. Neither carmine nor carthamine, which are the two substances at the basis of the best commercial article, acts deleteriously on the skin. But large quantities of the rouges sold are coarse preparations of vermillion, which, like all other mercurial forms, are pretty certain to injure the skin and the general health when frequently applied.

The lotions and washes vended by perfumers and apothecaries for whitening the skin, removing freckles, improving the complexion, and so forth, mostly contain either bichloride of mercury or caustic potash, or even prussic acid. They are therefore eminently dangerous, and have led in divers instances to most tragic catastrophes, the more readily as most of them are prepared with the addition of glycerine, and have a sweet and pleasant taste. We can mention a popular "moth and freckle lotion" which, under a well regulated pharmaceutical law, would be prohibited on account of its actively poisonous properties. For it so happens that the articles in the materia medica, most valuable as cosmetics for the skin are precisely those most to be dreaded for their prompt toxical effects on the human system. So that the dealer must choose either to sell an article of little real value, or to sell one which is poisonous.

These considerations would be of less moment were the branch of industry to which we refer, one of limited extent. But so far is this from being the case, that perhaps no single branch of applied chemistry has been more persistently explored, and more pertinaciously brought before the public in one form or another. Some of the largest fortunes in our great cities have been built on hair tonics, lotions and tooth powders.

It becomes, therefore, a very important department of State Medicine to examine the bearing of these articles on the public health, and where possible, to limit the use of such as are deleterious. It is hopeless to expect to do this latter by legislation. The only means at our command is to analyze the suspected articles, and finding them injurious, to publish them as such, and warn the public against them, just as some years ago the *Lancet* of London did with confectionery. Even then the work would not be done, for these articles supply a demand and indeed an actual want in the community. In our present civilization such materials are needed in the toilette, and they will be used.

The next step, therefore, in the work of reform, after warning against deleterious compounds would be to furnish the public with simple, effective, and safe recipes for preparing or readily obtaining such cosmetic articles as may gratify the prevailing, natural, and on the whole laudable desire of looking as handsome as possible. It is to be hoped that those who have State Medicine at heart will not overlook this part of its domain.

Notes and Comments.

THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

No. 28.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

This selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

Treatment of Headache.

J. M. DaCosta, M. D.

256. ℞. Potassæ bitartratis, ℥j.
Aquæ, ℥ij. M.

Take a tumblerful in the morning, three times a week, for congestive headache.

Also, mustard foot bath every night. The application of a hot salt bag to the back of the neck often affords relief. This form of headache is frequently associated with cardiac enlargement.

Prof. Austin Flint, M. D., etc., New York.

Periodical Headaches.

As regards successful treatment, this affection, belongs among the opprobria of medical art. If patients be not unpleasantly affected by opiates, an attack may sometimes be warded off, or its severity lessened by a full dose of this drug or one of its alkaloids. The carbonate of ammonia and a saline purgative are sometimes effective at the commencement of an attack. Various palliative measures may be resorted to, such as inhalation of chloroform, evaporating lotions to the head (alcohol, spirits, vinegar, ether), &c. In some cases a towel or napkin wrung out in water as hot as can be borne, and wound around the head, is more efficient than cold applications. Warm stimulating pediluvia, strong coffee or tea, and the application of the galvanic or the electro-galvanic current are useful in some cases. During the intervals, the remedies which are sometimes of service by way of prophylaxis are, nux vomica or strychnia in small doses, arsenic, small doses of quinia, belladonna, and the preparations of zinc, more especially the valerianate. They may be tried in succession. Hygienic measures are important, and the avoidance of everything, which experience shows in individual cases, to act as exciting causes.

Thomas Hawkes Tanner, M. D., F. L. S., etc., London.

257. ℞. Quiniæ sulphatis, gr. xxiv.
Pulveris rhei, gr. xxxvj.
Glycerinæ, q. s.

Divide into twelve pills, and order one to be taken at night.

Often of service in curing bilious headaches; the patients also taking daily exercise in the open air, and avoiding too much sleep.

258. ℞. Acidi nitro-muriatici diluti, f℥ij.
Strychniæ, gr. ¼-½.
Spiritus chloroformi, f℥vj.
Tincturæ zingiberis, f℥iij.
Aquæ, q. s. ad. f℥iij. M.

A tablespoonful in water three times a day, for nervous headache.

Holding the arms high above the head produces a marked effect upon the cerebral circulation, and will frequently relieve the severity of that peculiar morning headache, with which some persons constantly awake.

Compression of the temporal arteries with a couple of pads and a bandage may sometimes be of service.

Cold lotions, eau de cologne, etc., to the head, dry cupping, or blisters, or setons to the nape of the neck; the removal of decayed teeth or stumps from the mouth, and change of air, are all occasionally indicated.

250. ℞. Zinci valerianatis, gr. xij–xxiv.
Extracti belladonnæ, gr. iij–vj.
Extracti gentianæ, gr. xxiv. M.

Divide into twelve pills. One to be taken three times a day.

Useful in hysterical headache, especially when there is habitual constipation.

260. ℞. Zinci phosphatis, ℈j–ij.
Acidi phosphorici diluti, f.ʒjss.
Tincturæ cinchoniæ, f.ʒvj.
Aquæ menth. pip., q. s. ad. f.ʒiij. M.

Tablespoonful in a half wine glass of water three times a day in hysterical headache, associated with debility.

HENRY G. WRIGHT, M. D. M. R. C. P. ETC.

261. ℞. Tincturæ capsici, f.ʒij.
Liquoris ammoniæ acetatis,
Tincturæ aurantii corticis,
Syrupi aurantii corticis, aa f.ʒvj.
Aquæ, f.ʒss. M.

Dose—a tablespoonful. To relieve the headache that ensues after *inebriety*, etc.

262. ℞. Linimenti chloroformi,
Linimenti belladonnæ aaf.ʒiss.
Tincturæ opii, f.ʒj. M.

For external application in rheumatic headaches.

Mustard plasters applied to the neck are also exceedingly useful as a means of counter-irritation. In such cases the following aperient is of advantage, viz:

263. ℞. Pilulæ colocynthidis compositæ, gr. xv.
Extracti colchici acetici, gr. iij.
Olei carui, ♏.i. M.

Divide into four pills. Two to be taken at bed time, and one on consecutive nights. These pills should be followed, in persons of a costive habit, by a morning purgative, as follows:

264. ℞. Magnesiæ, ℈iv.
Liquoris potassæ, ♏.xlv.
Extracti sennæ fluidi, f.ʒij.
Syrupi zingiberis, f.ʒss.
Tincturæ aurantii corticis, f.ʒss.
Aquæ, f.ʒj. M.

Dose, a tablespoonful.

The administration of an alkaline medicine containing potash, if continued with regularity, will then generally be followed by rapid amelioration of the pain and tenderness. The following may be used:

265. ℞. Potassæ carbonatis, ℈iv.
Potassæ chloratis, ʒjss.
Tincturæ cinnamomi,
Tinct. aurantii corticis, aa f.ʒvj.
Syrupi aurantii corticis, f ʒjss. M.

A dessert spoonful to be taken twiee or three times a day.

If imprudent exposure to cold, has produced an aggravation of the headache, and particularly if the patient be subject to catarrh, it is advisable to administer a sudorific at bed time, such as

266. ℞. Pulveris ipecacuanhæ compositi, gr. xij.
Pulveris camphoræ,
Pulveris guaiaci, aa. gr. iv. M.

For one powder, to be taken about bed-time.

In *gouty* headaches colchicum may be employed with greater freedom than in ordinary gout, care being taken that the bowels are freely open during its administration. An actual attack is best relieved by a brirk aperient, (F. 263) followed by an effervescing mixture, containing an excess of potash, viz:

267. ℞. Potassæ carbonatis, ℈iv.
Ammoniæ carbonatis, ℈ij.
Tincturæ serpentariæ, f.ʒss.
Aquæ camphoræ, f.ʒiijss. M.

Two tablespoonsful to be added to a tablespoonful each of water and lemon juice, and to be taken effervescing twice or three times a day.

In the treatment of *plethoric headaches* the employment of medicines should be as far as possible dispensed with. They should only be resorted to when the necessities of business prevent, or the solicitations of indolence interfere with a strict control over the diet and regimen. In these cases a saline diuretic should be ordered, such as

268. ℞. Potassæ acetatis, ʒij.
Potassæ nitratis, ʒj.
Spiritus juniperi compositi, f.ʒvj.
Aquæ menth. pip., q. s. ad. f.ʒiv. M.

A teasponful twice a day together with an occasional aperient at night; viz:

269. ℞. Pil. colocynthidis comp., gr. l
Saponis castilliensis, gr. ix
Olei anethi, ♏.ij. M.

Divide into twelve pills; two to be taken at bed time and followed by a Seidlitz powder in the morning.

Persons subject to plethoric headaches should not partake of animal food more than once a day; should never indulge the appetite to satiety; should avoid beer, spirits, coffee and all stimulating beverages; should bathe the head freely at night and lie with it elevated on a hard pillow during sleep; should have an airy bed-room and rise so soon as fairly awake, for otherwise activity of the thoughts in a recumbent position will congest the head and cause it to ache.

When the patient has been exposed to cold and the headache comes on at night, with the head hot and the skin harsh and dry the following sudorific taken at bed time, is often of great service, the body being kept warm during its action.

270. ℞. Pulveris antimonii et potassæ tartratis, gr. 1-6.
Pulveris Jacobi veri, gr.v.
Pulveris potassæ nitratis, gr.x. M.

To be taken at night.

In the plethoric headache of pregnancy, relief is afforded by the use of saline medicines, as

271. ℞. Magnesiæ sulphatis, Sodæ sulphatis, aa. ℥j.
Acidi sulphurici diluti, f.℥ij.
Tincturæ cardamomi compositæ, f.℥iss,
Syrupi aurantii corticis, f.℥ss.
Aquæ cinnamoni. f.℥j. M.

A desert-spoonful twice a day. Fluids should be avoided as far as possible. Sea air and sponging the body with tepid salt water generally prove beneficial.

In the treatment of *Congestive Headaches*, the aperients so frequently required should be cordial and saline, such as

272. ℞. Extracti sennæ fluidi, f.℥ijss.
Magnesiæ sulphatis, ℥ij.
Acidi sulphurici aromatici, f.℥ij.
Syrupi aurantii, f.℥j.
Infusi rhei, f.℥ijss. M.

Dose—a tablespoonful in the morning.

Surgical Patents.

The editors of the N. Y. *Medical Gazette* remark: The ground taken in all arguments against patents, is that by them one member of our profession would be forced to pay an increased price for a "secret," or for the "exclusive knowledge" of another; and this we have shown not to be the case. Neither would the price of the patented article be augmented, nor would its use be in any way restricted. The difference between the case of a material appliance which must be manufactured by a mechanic before it avails aught to the profession, and that of a scientific discovery in physiology, is too obvious to need a moment's comment. All that we have urged is that instead of the mechanic receiving the entire profit, the inventor should be entitled to a share of the benefit; and that benefit would be in direct proportion the number of instruments used by others, and utterly destroyed by his claiming their "exclusive use." If he desired this latter, he would want no patent; he need only have a single instrument made and refrain from publishing any account of it, thus preserving his secret and preventing others from profiting by it. We cannot, for the life of us, see how the diversion of a small portion of an existing profit from the pocket of the instrument-maker to those of the inventor, would in any way contract the benefits of our science, or "place restrictions upon medical improvements."

These expressions are further indicative of that change of opinion on this subject, which we noted a few months ago as visible in England.

Hemlock.

One of those paragraphs so common in newspapers, and so productive of harm, has been started on its dangerous career by the *Pall Mall Gazette*. It is stated that not only is hemlock no poison, but that it has no remedial value; and further, Dr. John Harley is alleged to be responsible for the latter utterly unfounded assertion. This is erroneous. Undoubtedly Dr. Harley's valuable researches have shown that the poisonous effects of *conium* are far from being as intense as they are generally represented. But if his labors have done anything to benefit medicine in this direction it is in showing that in the juice of conium we have a remedy for a disease-chorea, or St. Vitus's dance, which has hitherto baffled every effort of the physician.

Restitution.

The Medical Board of Baltimore, which was organized some two years since, under what was known as "the medical law," and which was subsequently pronounced unconstitutional, announces that it is prepared to refund the money paid in for *licenses*, minus the deductions which have been made for necessary expenses.

Intermarriage of Relatives.

A correspondent in New England writes to us, criticizing severely the action of the Gynæcological Society of Boston and our own expressions in opposing the New Hampshire law, forbidding marriage of first cousins. He mentions two instances where from such marriages idiotic children proceeded. This illustrates how carelessly statistics on the point have been compiled. Observers have gone from children to parents, when they should have gone from parents to children. Mr. Voisin, of Paris, who has made recent and extensive investigation in the latter method, denies the alleged danger of intermarriage between healthy cousins. We believe the question is still an open one, and that any legislation is premature and unjust. We observe that the reviewer of Dr. N. Allen's pamphlet, in the *Am. Jour. Medical Sciences* takesvery nearly the ground that intermarriage *per se* is not proven injurious.

"Sweet Quinine."

This article, extensively advertised as an active preparation of the alkaloid quinia is said to have proven on analysis to be nothing but cinchonia mixed with impure powder of liquorice root. Such an imposition on the profession, and worse than that, on thousands of sick people, deserve the severest condemnation. It is a swindle of the most aggravated character, and the man who is responsible for it, if the above statement be correct, should not escape the severest penalty which the law, and the honor of the drug trade and the medical profession can inflict. We are glad to learn that he has been excluded from the Pharmaceutical Association of Detroit.

☞ We have received an article on the use of the Long Tube in Intestinal Obstructions, by Dr. Thos. Hay, of this city, which will appear next week.

Correspondence.

DOMESTIC.

Life Insurance.

EDS. MED. AND SURG. REPORTER: In your strictures on "Life Insurance," we fear, in your zeal, you have lost some of your better judgment. We will not deny all the points. Some have been well taken; but a few glaring errors may be noticed.

1st. The danger of insurance running into similar failures, (referring to the Albert) by reason of large commissions, expenses, etc., under the law as held in Massachusetts and New York; this is improbable. Each company must have a reserve, more than ample to protect every policy holder; if insufficient, the door to business is closed against the company.

2. The Carlisle Table, objected to by reason of its excess above present mortality rate, is nothing really injurious to the policy-holder, rather advantageous, as the accumulated reserve being larger, the better the prospects of final payment. But the majority of Companies have based their rates on "combined experience," and we can but point to the assets of 1868, $175,554,426.00, computed premium. Reserve $140.190.288.00, death claims, $11,475,837.00, to show how safely the insured stands under any of the tables. There can be no better answer than this exhibits. "The millions and hundreds of millions of actual dollars represented, augmenting at a rate of increase which doubles them every two years, is more suggestive than any words can be; and the reader may get some adequate idea of the immense pecuniary and social interests which the future of life insurance will more than probably involve."—*Barnes.*

While a few base physicians may be found, who would stoop to be pliant tools of agents bringing them examinations; we have not yet learned that so honorable a profession as "the Medical" could be bought, man for man, at $3 a head—the price of an examination. You certainly err in casting such a stigma upon a profession to which we have the honor to belong. On the contrary the best medical talent is chosen for these positions, and if a company occasionally is imposed upon, the error can be easily rectified by reporting such at the Home Office. All examinations made by companies' agents are reviewed by a Board at the principal office: how easy to detect incompetency with a critical certificate, in which the most minute details are entered?

Upon one point we do agree; and you will add as much by asking Pennsylvania for a reciprocal law by which companies as well as insured are protected.

Give us an insurance commission and Board of Insurance Revision, and many of the "evils" of insurance will disappear. The wheat and chaff will will be winnowed. D. S. G.

News and Miscellany.

Central Ohio Lunatic Asylum.

We are glad to learn by a note from the Superintendent, Dr. WM. L. PECK, that the contracts for rebuilding the Central Ohio Lunatic Asylum at Columbus, which, it will be remembered, was destroyed by fire some months since, have been made, and that a model building will spring from the ruins. It is expected that it will be completed by 1872.

——A patent has recently been granted for a method of refreshing horses while in harness, which consists in making the bit hollow, and having perforations in it. A rubber tube extends from one side of the bit to the carriage, and by pressing a rubber bag which contains water, the driver is enabled to refresh his horse whenever he chooses without stopping. For saddle horses the water bag is suspended from the horse's neck, or upon the pommel of the saddle.

——DR. AUBERT-ROCHE, in a report on the sanitary state of the laborers on the Isthmus of Suez, says that, while in 1859 the population was only 150, it has now reached 42,400—more than half being Europeans. Except in a year when cholera prevailed, the mortality has remained steadily at 1 per cent.

——IT is said by the *Wiener Medizinische Wochenschrift*, that the German professors, Oppolzer and Chelius, were asked by M. Nelaton whether they would accept an invitation to Paris, to take part in a consultation on the Emperor's health; but that no definite invitation was given.

——At the Indiana State Fair at Indianapolis, on the 1st inst., a boiler exploded by which nineteen persons are reported to have lost their lives, while nearly one hundred were wounded. Among those who were killed, we see the name of DR. KEIGHTLEY of Greencastle.

——One hundred and ten thousand pilgrims are estimated to have assembled at Mount Ararat in the late Mecca pilgrimage, or about 25,000 more than in 1868. The public health is reported to have been perfectly good among the pilgrims, and in the neighborhood of Mecca.

——James M. Stout, a physician from Zanesville, Ohio, charged with practicing his profession without paying the special tax required by law, appeared in the United States Court lately. He entered a plea of guilty, and was fined $40 and costs.

——C. C. COX, M. D., LL.D., late Commissioner of Pensions, has just been tendered and accepted the Chair of Medical Jurisprudence, in the medical department of Georgetown College.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to a line.]

MARRIED.

GRAFF—RICHARDS. In New York City, October 13th, 1869, at the residence of Wm. P. Kittredge, Esq., by the Rev. George Richards, Dr. M. B. Graff of Cincinnati, and Mary D., daughter of the late Channing Richards, of Washington, D. C.

GOSHORN—THOMAS. October 12th, at Trinity Church, Covington, Ky., by the Rev. D. H. Greer, Mr. Edwin C. Goshorn, of Cincinnati, and Miss Lillie, only daughter of Dr. C. F. Thomas, of the former place.

MARSH—SPEIGEL. October 5th, at Bethany, Pa., by Rev. Mr. Barnett, Dr. F. L. Marsh, formerly of Greensburg, Pa., and Miss Maggie Speigel, second daughter of Wm. Speigel, of the former place.

NOBLE—JOHNSON. At Christ Church, Cooperstown, N. Y., October 13th, by Rev. D. Hillhouse Buel, Rector, Mr. John H. Noble and Ella Elizabeth, only daughter of Dr. Parley E. Johnson, all of that village.

OLMSTEAD—DECKER. In Brooklyn, N. Y., on Tuesday, October 19th, by Rev. Joseph T. Duryea, D. D., assisted by Rev. T. L. Cuyler, D. D., Samuel H. Olmstead, M. D., and Sarah F. Decker, both of Brooklyn, N. Y.

SHEPARD—ROACH. Oct. 24th, at the First Reformed Church, by Rev. Joseph Kimball, D. D., Chas. H. Shepard, M. D., and Cornelia, daughter of Benj. H. Roach, Esq., all of Brooklyn, N. Y.

STONE—LEE. October 12th, by Rev. J. A. Kingsley, Mr. Ferdinand F. Stone and Miss Agnes C. Lee, only daughter of Dr. E. M. Lee, all of Urbana, Ohio.

WITHEROW—WILSON. October 5th, by Rev. H. Webber, assisted by Rev. D. W. C. Hervey, at the house of the bride's father, in Franklin twp., Beaver co., Pa., Dr. John M. Witherow and Miss Jenny Wilson.

DIED.

JACKSON.—At East Orange, N. J., October 21st, Frances Mary, wife of Dr. F. H. Jackson, formerly of Brooklyn, N. Y.

PHELPS.—In Brooklyn, October 17th, Dr. James L. Phelps, in the 85th year of his age.

QUERIES AND REPLIES.

Licenses.

MESSRS. EDITORS.: Please inform me, through the MEDICAL AND SURGICAL REPORTER, what the U. S. Revenue License is on a retail drug store; or is there any difference between the license of a retail liquor dealer and the license of a retail druggist? And have I, as a retail druggist, a right to keep and sell pure wines and liquors for medical purposes in quantities *not* less than half pints on the license of a retail druggist?

S. F. B.

For accurate information you ought to apply to the "Commissioner of Internal Revenue." We believe you ought to take out a license as retail dealer in liquor, and that then no other license will be required. The law is so long and complicated and badly worded we do not believe the people who made it know what it means. We would advise you, for your own safety, to take out the liquor license, as *any* infraction of the law subjects the offender to *imprisonment* without any discretion in the Judge to change the punishment to a fine, where the offence was committed ignorantly.

Chronic Ulcer.

MESSRS. EDITORS.: In reply to Dr. P. C. R.'s inquiry, (REPORTER, Oct. 9, '69) we would say: use *arsenic* till its physiological action manifests itself. We had several similar cases of many years standing, which yielded in a few months to Fowler's solution internally, and chloride of zinc paste locally.

Aromatic Syrup of Blackberry Root.

We have found the following a very good formula for preparing *Aromatic Syrup of Blackberry Root.* We do, however, not know if this or any other is recommended by the Surg. Gen. U. S. A.

Take of:

Blackberry root, bruised, 8 troy ounces.
Cinnamon "
Cloves and nutmegs, of each, bruised, 3 drachms.
Sugar 4 lbs., (commercial.)
Water, 4 pints.

Boil the root and the aromatics in the water for one hour; express and strain; then add the sugar, form a syrup, and again strain, then add:

French brandy, 6 fluid ounces.
Oil of cloves and oil of cinnamon, of each, 4 drops.

DOSE.—From a teaspoonful for a child of two years old, to a tablespoonful for an adult, repeated as occasion requires.

The above may be found in *Parrish's Pharmacy.*

Elixir of Bark and Iron.

An efficient and cheap *Elixir of Bark and Iron* may be made by the formula below. We have found it the best recipe for a country physician; of course we do not claim it to be THE BEST in use:

℞.	Pulvis cinchon.	℥ij.
	Aquæ,	Oj.
	Alcohol dil.,	f.℥ij.
	Tr. gentian comp.,	f.℥iv.
	Ol. cinnam.,	gtt. xxxij.
	Ol. carui,	gtt. xvj.

Macerate this mixture for fourteen days and filter; then add:

℞.	Aquæ,	f.℥xxij.
	Alcohol,	f.℥viij.
	Sacch. alb.,	lb. jss.

Substituting French brandy (Oj.) for the alcohol the flavor is still improved, but the expense of manufacturing considerably increased.

Ferri pyrophosphat, ℥j.

Dissolve these ingredients by a gentle heat and filter. It contains about one grain of pyrophosphate of iron and two grains of bark to a drachm. If we wish to combine the properties of nux vomica with this elixir, we simply add the tincture.

A. W. LUECK, M. D.
Mayville, Wis.

Dr. R. D. W., OF PA.: Meyers' recent work on Electricity, translated by Dr. Hammond, you will find new and good. We can send it you. Price, we believe, $5.00. On diseases of the horse, we believe Youatt is still preeminent. We do not know that gum diapers have any bad effects on children. Do you?

Dr. C. McG., TEXAS, writes that it is difficult to obtain "greenbacks" to send to our office, gold and silver being the circulating medium. We will not object to gold, and will *allow the premium on it.* It can be sent in *registered letters*, secured between cards. But drafts on New Orleans, Galveston or Eastern bankers can generally be obtained, if a postal money order office is not within reach.

WORDS OF CHEER.

Dr. J. D. OF MASS. writes, "In consequence of advanced age (73 yrs.) and impaired health.....I have been meditating whether it was not best for me to inclose currency to pay for the several numbers of the REPORTER that I have received, and discontinue my subscription for the reasons above named; but feeling so reluctant to give up the pleasure of reading the interesting reports of cases, etc., I have concluded to inclose a five dollar greenback, and continue for one year more."

METEOROLOGY.

OCT.	11,	12,	13,	14,	15,	16,	17.
Wind.....	E.	S. E.	W.	W.	S. W.	N. W.	W.
Weather.	Cl'dy	Cl'dy	Cl'dy	Clear	Cl'dy	Clear	Clear
	Rain	Sh'ry	Rain	frost	Rain	frost	
				ice			
Depth Rain	1 1-10		1 1-10		3-10		
Thermom...							
Minimum..	42°	45°	45°	35°	43°	39°	32°
At 8, A. M.	53	56	53	46	48	50	48
At 12, M...	61	72	58	58	61	54	57
At 3, P. M.	63	68	59	58	60	53	56
Mean.....	54.75	60.25	53.75	49.25	53.	49.	48.25
Barometer..							
At 12, M...	30.	30.	29.8	30.	30.	30.	30.

Germantown, Pa. B. J. LEEDOM.